

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: 3-(CYCLOPENTEN-1-YL)-BENZYL- OR 3-  
(CYCLOPENTEN-1-YL)-HETEROARYLMETHYL-  
AMINE DERIVATIVES AND USE THEREOF AS  
MEDICINES FOR TREATING SCHIZOPHRENIA

Attorney Docket Number:: 017753-206

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: 1-00 Bernard

Middle Name::

Family Name:: VACHER

Name Suffix::

City of Residence:: Castres FRX

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 5, rue des Cigales

City of Mailing Address:: Castres

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: F-81100

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: 20 Stéphane

Middle Name::

Family Name:: CUISIAT

Name Suffix::

City of Residence:: Castres FRX

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 13, rue du Pasteur Henri Bosc, Lotissement les Carlines

City of Mailing Address:: Castres

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: F-81100

## Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: The Netherlands

Status:: Full Capacity

Given Name:: 3-0 Wouter

Middle Name::

Family Name:: KOEK

Name Suffix::

City of Residence:: San Antonio

State or Province of Residence:: Texas TX

Country of Residence:: US

Street of Mailing Address:: 228 Fleetwood Drive

City of Mailing Address:: San Antonio

State or Province of Mailing Address:: Texas

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 78232

## Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Belgium

Status:: Full Capacity

Given Name:: Francis

Middle Name::

Family Name:: COLPAERT

Name Suffix::

City of Residence:: Puylaurens

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: Domaine de Mirabel

City of Mailing Address:: Puylaurens

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: F-81700

## Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

**Representative Information**

Representative Customer Number:: 21839

**Domestic Priority Information**

|                      |                          |                             |                             |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
| This Application     | National Stage of        | PCT/FR2003/003053           | 10/16/03                    |

**Foreign Priority Information**

|                  |                             |                      |                           |
|------------------|-----------------------------|----------------------|---------------------------|
| <b>Country::</b> | <b>Application Number::</b> | <b>Filing Date::</b> | <b>Priority Claimed::</b> |
| France           | 02/12854                    | 10/16/02             | Yes                       |

**Assignee Information**

|  |                         |
|--|-------------------------|
| <b>Assignee Name::</b>                         | PIERRE FABRE MEDICAMENT |
| <b>Street of Mailing Address::</b>             | 45, place Abel-Gance    |
| <b>City of Mailing Address::</b>               | Boulogne-Billancourt    |
| <b>State or Province of Mailing Address::</b>  |                         |
| <b>Country of Mailing Address::</b>            | France                  |
| <b>Postal or Zip Code of Mailing Address::</b> | F-92100                 |